

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE APPLICANT : Young et al.  
INVENTION : Cancerous Disease Modifying  
Antibodies  
SERIAL NUMBER : 10/603,006  
FILING DATE : June 23, 2003  
EXAMINER : Unassigned  
GROUP ART UNIT : Unassigned  
OUR FILE NO. : 2056.023

CERTIFICATE UNDER 37 CFR 1.8(a)

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PRELIMINARY AMENDMENT

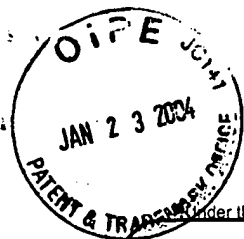
Sir/Madame:

Prior to examination on the merits, please amend the above-referenced application as follows:

Amendments to the Drawings begin on page 2 of this paper and include both an attached replacement sheet and an annotated sheet showing changes.

Remarks/Arguments begin on page 3 of this paper.

An Appendix including amended drawing figures is attached following page 4 of this paper.



PTO/SB/21 (03-03)

Approved for use through 04/30/2003. OMB 0651-0031  
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**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Application Number	10/603,006
Filing Date	06/23/2003
First Named Inventor	David S. F. Young
Art Unit	1641
Examiner Name	
Attorney Docket Number	2056.023

Total Number of Pages in This Submission

7

**ENCLOSURES (Check all that apply)**

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| <input type="checkbox"/> Fee Transmittal Form                                | <input checked="" type="checkbox"/> Drawing(s)                            | <input type="checkbox"/> After Allowance Communication to a Technology Center (TC)      |
| <input type="checkbox"/> Fee Attached  | <input type="checkbox"/> Licensing-related Papers                         | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences     |
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| <input type="checkbox"/> After Final   | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information  |
| <input type="checkbox"/> Affidavits/declaration(s)                           | <input type="checkbox"/> Power of Attorney, Revocation                    | <input type="checkbox"/> Status Letter  |
| <input type="checkbox"/> Extension of Time Request                           | <input type="checkbox"/> Change of Correspondence Address                 | <input type="checkbox"/> Other Enclosure(s) (please identify below):                    |
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| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 |   |   |

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual	Ferris H. Lander McHale & Slavin, P.A.
Signature	<i>Ferris H. Lander</i>
Date	1/21/2004

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Signature	<i>Debra N. Gerstemeier</i>
Date	1-21-2004

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